

21-6506142

Paul

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: US Army Reserve <sup>Platts</sup> Date of Visit: 4/30/21

Contractor Personnel on Site:

1. Paul Williams
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls - Service Call Number and Description

1. Hot and cold line in chow hall - replaced worn power supply whip and tightened stress connection
2. \_\_\_\_\_
3. \_\_\_\_\_

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**Over and Above Repair Work – Order Number and Description of Work Completed**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Paul Williams Date: \_\_\_\_\_  
Signed: Paul WI

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

E-Mail: